

HAWAII STATE ETHICS COMMISSION

DISCLOSURE OF FINANCIAL INTERESTS (SHORT FORM)

NAME (Last, First, Middle) <div style="font-size: 1.2em; font-family: cursive;">OLIVA, HENRY -</div>	STATE POSITION HELD: (Dept/Div or Board/Commission) <div style="font-size: 1.2em; font-family: cursive;">DHS DEPUTY DIRECTOR</div> TERM OF OFFICE (Begin/End): <div style="font-size: 1.2em; font-family: cursive;">04/03 - 12/06</div>
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Check either number 1 or 2. If you check number 2, provide the relevant information.

1. ☐ I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING

2. ☐ I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING.

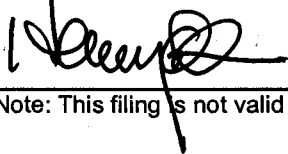
FOR EACH ITEM, DISCLOSE ADDITIONS, DELETIONS, OR CHANGES IN INTERESTS OF FILER, SPOUSE AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer. Use "A" for any additions in interests, "D" for any deletions, and "C" for any other changes.

<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM # 1</u> <div style="font-size: 1.2em; font-family: cursive;">NHC INC. 766 POHUKA'INA ST HON HI 96813</div>
<div style="font-size: 1.5em; font-family: cursive;">F</div>	<div style="font-size: 1.5em; font-family: cursive;">D</div>	
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM # 1</u> <div style="font-size: 1.2em; font-family: cursive;">DESTINATION RESORTS HI 161 WAILEA IKI PL KIHEI HI 96753</div>
<div style="font-size: 1.5em; font-family: cursive;">SP</div>	<div style="font-size: 1.5em; font-family: cursive;">D</div>	
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM # 4</u> <div style="font-size: 1.2em; font-family: cursive;">BANK ONE PO BOX 8650 WILMINGTON DE 19899-8650</div> <div style="float: right; font-size: 1.5em; font-family: cursive;">C B</div>
<div style="font-size: 1.5em; font-family: cursive;">F</div>	<div style="font-size: 1.5em; font-family: cursive;">C</div>	
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM # 4</u> <div style="font-size: 1.2em; font-family: cursive;">MACY'S VISA PO BOX 745012 CINCINATI OH 45274-5012</div> <div style="float: right; font-size: 1.5em; font-family: cursive;">A A</div>
<div style="font-size: 1.5em; font-family: cursive;">SP</div>	<div style="font-size: 1.5em; font-family: cursive;">C</div>	

<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM # 4</u> MACY'S PO BOX 29090 HON HI 96838-0001	A	A
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM # 4</u> BANK OF AMERICA PO BOX 60069 CITY OF INDUSTRY, CA 91716-0069	A	A
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM # 4</u> WASHINGTON MUTUAL PO BOX 3139 MILWAUKEE WI 53201-3139	G	G
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM # 4</u> AMERICAN SAVINGS PO BOX 2300 HON HI 96804		
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM # 6</u> TMK 3 8 077 013 0062 140 UWAPO RD #37-106 KIHAI HI 96753		
<u>F, SP, DC, JT</u>	<u>A, D, C</u>	<u>ITEM #</u>		

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STATE OF HAWAII
STATE ETHICS COMMISSION

CERTIFICATION: I have reviewed my previous Disclosure of Financial Interests Statements filed with the Hawaii State Ethics Commission and all succeeding amendments. I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.



05/23/05

SIGNATURE (Note: This filing is not valid without a signature.)

DATE